

Foster Family Home - Corrective Action Report

Provider ID: 1-574625

Home Name: Rebecca Madrid, CNA

Review ID: 1-574625-6

2646 Kalihi Street

Reviewer: Julie Hastings

Honolulu HI 96819

Begin Date: 5/19/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)
Home inspection completed for a 3 person CCFFH recertification.

-Corrective Action Report issued during home inspection with all written corrections due to CTA by 6/2/2020.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)
CG#1 and CG#2 e-Crim lapsed. Was done 3/16/18. Was due on or before 3/16/20. No current e-Crim

CG#3 Fingerprint lapsed. Did fingerprint #1 on 7/24/17. fingerprint #2 was due on or before 7/24/18. Did not do. No second fingerprint on record.

CG#4 does not have proof of any fingerprints or e-Crim
HHM#4 does not have proof of any fingerprint or e-Crim.

8.(a)(2)
CG#1 and CG#2 did APS/CAN on 7/18/17. Was due on or before 7/18/19. Completed on 10/17/19.

CG#3 APS/CAN lapsed. Did APS/CAN on 7/24/17. Was due again on or before 7/24/18. Completed 10/17/19.

HHM#4 does not have proof of any APS/CAN on record.

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Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6)
Home has a doorway that connects to another residence on the ground floor. one of the occupants is not listed as a house hold member.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)
Liability insurance expired on 1/1/2020. No current liability for the home.
No liability for CG#2, CG#3, or CG#4

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)
Client #1 door does not lock from the inside.

Foster Family Home


Records

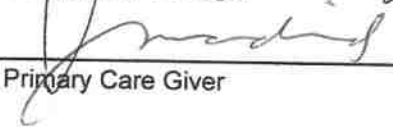
[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)
Client #1 Medication Administration Record is missing for the Month of May 2020.


Compliance Manager


Primary Care Giver

5/19/2020
Date

5/19/20
Date

CTA RN Compliance Manager: Julie Hastings BSN, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Rebecca Madrid

(PLEASE PRINT)

CCFFH Address: 2646 Kalihi Street Honolulu HI 96819

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8a1	CG#1 and CG#2 now have current e-Crim in binder	5/26/20	Calender reminder for 2 months before expiration placed in a binder
	CG#3 lapse cannot be corrected. New fingerprint now in binder	6/1/20	Calender reminder for 2 months before expiration placed in a binder
	CG#4 Fingerprint and e-Crim now in binder	5/26/20	Calender reminder for 2 months before expiration placed in a binder
	HHM#4 -This is not a household member, lives in Las Vegas and was here temporarily due to pandemic lockdown		Any visitor that stays for longer than 30 days will be required to register as a household member and will be required to have all background checks
8a2	CG#1, CG#2 and CG#3 lapse cannot be corrected	5/26/20	Calender reminder for 2 months before expiration placed in a binder
	HHM#4 -This is not a household member, lives in Las Vegas and was here temporarily due to pandemic lockdown	5/26/20	Any visitor that stays for longer than 30 days will be required to register as a household member and will be required to have all background checks
41b6	HHM#4 -This is not a household member, lives in Las Vegas and was here temporarily due to pandemic lockdown. Other resident is a SCG.	5/26/20	Any resident in this portion of the home will be considered as a household member and will be required to have all background checks.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 5/26/20

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Julie Hastings BSN, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Rebecca Madrid

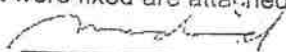
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(PLEASE PRINT)

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
51a1	Liability company sent current contract. Current Liability Insurance now in binder CG#2, CG#3 and CG#4 are now on liability insurance	5/19/20	Calender reminder placed in Binder for 2 months before expiration- All CG's will be added to liability insurance within 30 days of hire.
53b9	Door lock changed that will lock from the inside	5/19/20	All client and bathroom doors will have locks that can be locked from the inside and kept in working order.
54c5	Medication Administration record updated for Client #1	5/19/20	Medication record will be charted on daily. New monthly MAR will be requested from CMA 2 weeks before the end of the month.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 5/26/20

☒ CTA has reviewed all corrected items